



Montana DNRC

## INCIDENT SITUATION ASSESSMENT

| SECTION 1: SITUATIONAL AWARENESS  |             |          |   |  |
|---|-------------|----------|---|--|
| INCIDENT NAME:  |             |          | INCIDENT NUMBER:  |  |
| INCIDENT-LEGAL/LAT.LONG:  |             |          | COUNTY(s):  |  |
| DNRC LAND OFFICE: Select One    UNIT OFFICE: Select One   |             |          | CAUSE:  |  |
| START DATE/TIME:  |             |          | CURRENT SIZE:   |  |
| DATE/TIME OF FIRE ANALYSIS:   |             |          | % CONTAINED:  |  |
| JURISDICTION AGENCY:  |             |          | PROTECTION AGENCY:  |  |
| PREPAREDNESS LEVEL:<br>Local Level _____<br>Northern Rockies _____<br>National Level _____          |             |          | CURRENT WEATHER CONDITIONS:<br>Wind Speed _____<br>Wind Direction _____<br>Temperature _____<br>Relative Humidity _____ |  |
| SECTION 2: VALUES AT RISK   |             |          |   |  |
| Structure Information   |             |          |   | Threat to Human Life/Safety  |
| Type of Structure:  | #Threatened | #Damaged | #Destroyed  |  |
| Residence:  |             |          |   | Evacuation(s) in Progress <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Commercial:   |             |          |   | Evacuation(s) imminent <input type="checkbox"/> Yes <input type="checkbox"/> No    |
| Outbuilding/Other:  |             |          |   | Potential future threat <input type="checkbox"/> Yes <input type="checkbox"/> No   |
|   |             |          |   | No likely threat <input type="checkbox"/> Yes <input type="checkbox"/> No          |
| Other Values  |             |          |   |  |
| Communities, Critical Infrastructure, Timber, Grazing land, Watershed, and Other Values Threatened: |             |          |   |  |
| 12 hours: _____   |             |          |   |  |
| 24 hours: _____   |             |          |   |  |
| 48 hours: _____   |             |          |   |  |
| 72 hours: _____   |             |          |   |  |
| SECTION 3: FIRE GROWTH POTENTIAL  |             |          |   |  |
| Energy Release Component (ERC): _____   |             |          |   |  |
| Fuels: _____  |             |          |   |  |
| Fuel Model(s): Select One    Select One    Select One   |             |          |   |  |
| Topography: _____   |             |          |   |  |
| Weather: _____  |             |          |   |  |

## FIRE GROWTH POTENTIAL (CONT)

### Observed Fire Behavior:

GROWTH POTENTIAL (ACRES):

12 hours:

☐ Low ☐ Medium ☐ High

24 hours:

☐ Low ☐ Medium ☐ High

48 hours:

☐ Low ☐ Medium ☐ High

72 hours:

☐ Low ☐ Medium ☐ High

## SECTION 4: OTHER JURISDICTIONS/PROTECTION AGENCIES IMPACTED

12 hour: Name(s) of Jurisdiction/Protection Agencies

24 hour: Name(s) of Jurisdiction/Protection Agencies

48 hour: Name(s) of Jurisdiction/Protection Agencies

72 hour: Name(s) of Jurisdiction/Protection Agencies

Comments:

## SECTION 5: STRATEGIC ASSESSMENT

Resistance to Control: ☐ Low ☐ Medium ☐ High

Resource Availability (Potential to fill requests): ☐ Low ☐ Medium ☐ High

Risk Assessment or Complexity Analysis Completed: ☐ Yes ☐ No

Local/Unit Capabilities: ☐ Good ☐ Limited ☐ Marginal

Stakeholders Contacted: ☐ Yes ☐ No

Documentation of Stakeholders Discussion:

Major problems and concerns (control problems, social/political/economic concerns or impacts, etc.)

How likely is it that containment/control targets will be met, given the current resources and suppression/control strategy:

## SECTION 6: INCIDENT CONTROL OBJECTIVES AND STRATEGY (include organization required)

(Options should consider COST, VALUES at RISK, and RISK MANAGEMENT)

**OPTION A**(Objectives/Strategy/Priorities):

Organization Required:

**OPTION B**(Objectives/Strategy/Priorities):

Organization Required:

Preferred Option and Rationale:

**REMEMBER – RESPONDER AND PUBLIC SAFETY IS THE FIRST PRIORITY FOR ALL OBJECTIVES AND STRATEGIES**

## SECTION 7: REMARKS

REMARKS:

## SECTION 8: APPROVAL BLOCK

AGENCY LINE OFFICER NAME: (Please Type): \_\_\_\_\_

AGENCY LINE OFFICER SIGNATURE: \_\_\_\_\_.

DATE: \_\_\_\_\_

TIME: \_\_\_\_\_

RATIONAL: \_\_\_\_\_

**Reassess preferred option if:** Examples; (Control objectives not met after three operational periods, significant increase in number and type of values at risk, span of control exceeds capability of assigned incident management organization, continued lack of critical resources, and/or increased threat to adjacent jurisdictions/infrastructure).

**IF REASSESSMENT INDICATES NEED TO MODIFY PREFERRED OPTION, RETURN TO SECTION 6.**

## APPENDIX:

MAP

RELATIVE RISK and POTENTIAL INCIDENT COMPLEXITY (Complexity Analysis)

INCIDENT BRIEFING PACKAGE

DELEGATION OF AUTHORITY